

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183
County Registrar No. 29
Local Registrar No. 18

1. County of Gila
District of _____
Town of Globe
or _____
City of _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilberta Agnes Watson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Jan 13, 1925
Month day year

8. FATHER
Full name Gilbert Kinner Watson

14. MOTHER
Full maiden name Nellie Williams

9. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race white 11. Age at last birthday 30 (Years)

16. Color or race white 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Globe, Ariz.
(State or country)

18. Birthplace (city or place) England
(State or country)

13. Occupation miner
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature J. C. Harper, M.D.
Address Globe, Arizona
(Physician or midwife)

Given name added from _____
supplemental report _____
Month, day, year.

Filed 2/9 1925 J. E. Wylshie Local Registrar.
Filed 2/9 1925 J. E. Wylshie County Registrar.

Registrar.

765-113-562